Confidential Annual Application for Dues Consideration
Fiscal Year July 1, 2015 - June 30, 2016

Because we understand that for some families, Synagogue membership is too expensive, we ask that you complete this form so that we can adjust your financial commitment to be affordable for your family. Because we have so many congregants who need our help, and limited funds available, **please complete this application in full and return it to Samira Saidian our Accounts Receivable / Financial Relations Manager as soon as possible**. No application will be considered without the complete income tax documentation. Please be sure that we have your email address and phone number below so that we may call you if there are any questions. Your information will be kept confidential.

Questions should be directed to Samira Saidian at SSaidian@adatariel.org.
No Application Will Be Considered Without The Complete Income Tax Documentation.

Adult Names: _____

Complete Address: _____

Home Phone Number: _____

Email Address(es): _____

Do you live in a: ☐ House ☐ Condo ☐ Apartment

Do you Rent? If so, Monthly Rental $_____

Do you Own? If so, Mortgage Balance $_____ Home Value $_____

Monthly Payment $_____

Occupation:

_____	_____
Person completing this form	2nd Adult in the Home
Occupation: _____	Occupation: _____
Age (Dues are based on Age): _____	Age (Dues are based on Age): _____
Employer: _____	Employer: _____
How Long: _____	How Long: _____
F/T or P/T: _____	F/T or P/T: _____
Phone #: _____	Phone #: _____

Children: Please list ALL Children under 18:

Name	Grade In 2014-15	Check which school they will attend Adat Ari El DS ECC JLC	Other Private	Public

Automobiles: Please list all automobiles used by your family:

Make	Year	Model	Owned	Leased

Please Complete These Questions As Part of Your Application.

1. If your annual expenses are greater than your annual income, or it's close, please explain how your family makes it work makes it work. (Does yuour family help? Do you have savings? Do you have available ? etc.)

2. Do you see your financial circumstances changing in the coming year? Please explain. If you are currently unemployed, please let us know when you plan to return to work. Are you currently looking for work? Are the improvements in the economy helping to make it any easier? (You may continue on a separate page if necessary.)

3. Describe in detail the need or special circumstances that make your application necessary this year. Please provide us with any information that might help us evaluate your request. (You may continue on a separate page if necessary.)

TOTAL Household Income: Gross **Annual** Wages/Salary/Self Employment Income:

☐ Less than $50,000 ☐ $50,000 - $74,999 ☐ $75,000 - $124,999 ☐ $125,000 - $175,000 ☐ over $175,000

Other sources of Monthly Income (check all that apply)

☐ Real Estate ☐ Dividends ☐ Social Secuity ☐ Child Support ☐ Interest on Savings
☐ Earnings on Investments ☐ Pension ☐ Alimony ☐ Other Source of Revenue

Monthly sum of the Above: ☐ less than $500 ☐ $500 - $1,999 ☐ $2,000 - $5,000 ☐ more than $5,000

Total **MONTHLY** Expenses

Auto Loan(s):	☐ less than $300	☐ $300 - $499	☐ $500 - $750	☐ more than $750
Credit Cards:	☐ less than $500	☐ $500 - $999	☐ $1,000 - $1,500	☐ more than $1,500
Utilities/Home Maint.	☐ less than $500	☐ $500 - $1,499	☐ $1,500 - $2,500	☐ more than $2,500
Tuition/Child Care	☐ less than $500	☐ $500 - $1,199	☐ $1,200 - $1,750	☐ more than $1,750
Other Loans/Exps	☐ less than $500	☐ $500 - $1,199	☐ $1,200 - $1,750	☐ more than $1,750

This box MUST be completed for your form to be processed:

AAE does not have sufficient funds to grant all special requests. We do the best we can. Please indicate the total that you are prepared to pay this year for Synagogue Dues: $_____

Please note: There may be additional fees associated with dues, such as a security fee.

WE CERTIFY THAT THE INFORMATION PROVIDED HERE IS TRUE AND CORRECT. WE GIVE ADAT ARI EL PERMISSION TO VERIFY ALL THE INFORMATION PROVIDED IN THE APPLICATION. WE FURTHER AGREE, AS A CONDITION TO RECEIVING ANY FINANCIAL AID, TO INFORM ADAT ARI EL OF ANY CHANGES IN THE FAMILY'S FINANCIAL SITUATION THAT MAY OCCUR DURING THE YEAR AHEAD.

_____	_____	_____
Signature of Adult Completing this Form	Signature of 2nd Adult (Spouse, Partner, etc.)	Form Submittal Date

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For Office Use Only

Date Request Received:	_____	Date Member Notified:	_____
Past Due Amounts:	_____	2014/15 Tuition Fees Assessed:	_____
2014/15 Tuition Fees Assessed:	_____	2014/15 Synagogue Dues Assessed:	_____
2014/15 Synagogue Dues Assessed:	_____		